

02-22-02 A

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Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. <input type="text"/> INNOFF 3.0-010 DIV
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor <input type="text"/> Odd N. Oddsen, Jr.
		Title <input type="text"/> ARM APPARATUS FOR MOUNTING, etc.
		Express Mail Label No. <input type="text"/> EL807554085US

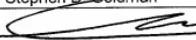
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit as original, and a duplicate for processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input type="checkbox"/> Specification [Total Pages 25]		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATIONS PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) 17. <input type="checkbox"/> Other []			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

Continuation Divisional Continuation-in-part (CIP) of prior application No 09/406,006

Prior application information. Examiner Anita M. King Group / Art Unit 3632

For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 000530		 or <input type="checkbox"/> Correspondence address below	
Name 			
Address 			
City 	State 	Zip Code 	Fax
Country 	Telephone 		
Name (Print/Type) Stephen B. Goldman	Registration No (Attorney/Agent) 28,512		
Signature 	Date February 20, 2002		

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FEE TRANSMITTAL for FY 2002

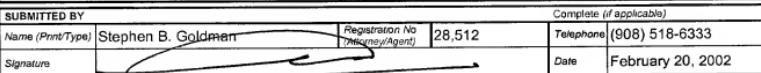
Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 487.00)

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account				
Deposit Account Number	12-1095			
Deposit Account Name	Lerner, David, Littenberg, Krumholz & Mentlik, LLP			
The Commissioner is hereby authorized to: (check all that apply)				
<input type="checkbox"/> XX	Charge fee(s) indicated below	<input type="checkbox"/> XX	Credit any overpayments	
<input type="checkbox"/> X	Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description		
101 740	201 370	Utility filing fee		
106 330	206 185	Design filing fee		
107 510	207 255	Plant filing fee		
108 740	208 370	Reissue filing fee		
114 160	214 80	Provisional filing fee		
SUBTOTAL (1) (\$		370.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Extra Claims	Fee from claims	Fee Paid		
Total Claims 33	-20** = 13 x 9.00 =	117.00		
Independent Claims 3	-3** = x =	0.00		
Multiple Dependent				
Large Entity	Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description		
103 18	203 9	Claims in excess of 20		
102 84	202 42	Independent claims in excess of 3		
104 280	204 140	Multiple dependent claim, if not paid		
109 84	209 42	** Reissue independent claims over original patent		
110 18	210 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$		117.00		
*Reduced by Basic Filing Fee Paid				
SUBTOTAL (3) (\$ 0.00				

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Stephen B. Goldman	Registration No. (Attorney/Agent)	28,512	Telephone (908) 518-6333
Signature			Date	February 20, 2002